

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 379-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
OFFICE OF THE CLERK
AUG 10 2012

Permit #: 12-0300
Date: 8-17-12
Amount Paid: \$10,121.40
Refund: \$05 8/15/12

ENTERED

INSTRUCTIONS: No permits will be issued until all fees are paid.

Cheques are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO YOU. THIS APPLICATION (with our website www.bayfieldcounty.org/ zoning/zip)

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVATE ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Stellar West Holdings, L.P. Mailing Address: 200 W Adams, Ste 2600 City/State/Zip: Chicago, IL 60606 Telephone: (312) 606-2681

Address of Property: 48775 So Lake Owen Drive City/State/Zip: Cable, Wisconsin 54821 Cell Phone: N/A

Contractor: North Fork Builders, Inc. Contractor Phone: (406) 451-1468 Plumber: Countryside Plumbing & Heating (715) 246-2660

Authorized Agent: Dennis J Derham Agent Phone: (406) 579-8048 Agent Mailing Address (include City/State/Zip): PO Box 1903, Bozeman MT 59771 Written Authorization Attached: ☒ Yes ☐ No

PROJECT LOCATION: Legal Description (Use Tax Statement) 00- 018-2-44-07-23-2-05-001-13000 Volume 10 Subdivision: Pages 198-199

Section 14 Township 44 N, Range 7 W Town of: Drummond Lot(s) 1747 Vol & Page: (106) No. Block(s) No. Subdivision: Lot Size N/A Acreage 83.49 acres

☒ Shoreland ☐ Non-Shoreland

Distance Structure is from Shoreline: ☐ Is Property/Land within 300 feet of River, Stream and Intermittent Creek or Landward side of Floodplain? If yes--continue --> Distance Structure is from Shoreline: 135 feet ☒ Yes ☐ No

Are Wetlands Present? ☐ Yes ☒ No

Value at Time of Completion (include donated time & material)	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
3,373,800	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (exists) Specify Type: <u>Septic</u>	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/> 8	<input type="checkbox"/> Privy (Pri) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: 160'	Width: 200'	Height: <34'
Proposed Construction: Family Lodge + Accessory			
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property) Family Lodge	() X ()	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() X ()	9,212
	with Loft	() X ()	4,251
	with a Porch	() X ()	4,427
	with (2 nd) Porch	() X ()	3,049
	with a Deck	() X ()	2,986
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with Attached Garage	() X ()	
	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities	() X ()	
	<input type="checkbox"/> Mobile Home (manufactured date)	() X ()	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify)	() X ()	
	<input checked="" type="checkbox"/> Accessory Building (specify) <u>Accessory Building</u>	() X ()	Included
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	() X ()	Above
	<input type="checkbox"/> Special Use: (explain)	() X ()	
	<input type="checkbox"/> Conditional Use: (explain)	() X ()	
	<input type="checkbox"/> Other: (explain)	() X ()	

FAILURE TO OBTAIN A PERMIT (eg. STARTING CONSTRUCTION WITHOUT A PERMIT) WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been prepared by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) are (are not) responsible for the detail and accuracy of all information I (we) and I (we) provide and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) and I (we) provide in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): (if there are Multiple Owners listed on the Deed, All Owners must sign all letters of authorization must accompany this application)

Authorized Agent: Dennis J Derham (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: 8/8/12

Record for Issuance

Address to send permit: % Tom Letke 43210 Kavanaugh Rd. Cable WI 54821

Copy of Tax Statement

AUG 17 2012

Secretarial Staff

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

(1)	Show Location of:	Proposed Construction
(2)	Show / Indicate:	North (N) on Plot Plan
(3)	Show Location of (*)	(*) Driveway and (*) Frontage Road (Name Frontage Road)
(4)	Show:	All Existing Structures on your Property
(5)	Show:	(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6)	Show any (*)	(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7)	Show any (*)	(*) Wetlands; or (*) Slopes over 20%

(7) Show any (1):

PLEASE SEE ATTACHED SITE MAP
A1.2, A1.3, A1.4
C1.0

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Paved Road	Feet	Setback from the Lake (ordinary high-water mark)	135' Feet
Setback from the Established Right-of-Way	1,667' Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	100' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	100' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	160' Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	" Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	44' Feet	Setback to Well	28' Feet
Setback to Drain Field	76' Feet		
Setback to Privy (Portable, Composting)	Feet		

Note: The placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setbacks must be measured must be visible from either previously surveyed corner or indicated by a licensed surveyor at the owner's expense prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback. The boundary line from which the setbacks must be measured must be visible from either the Department by use of the corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be shown to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback.

[illegible]

(3) State or Mark Proposed Location(s) of New Construction, Sepsis Tank (ST), Drain field (DF), Holding Tank (HT), Pity (P), and Well (W).

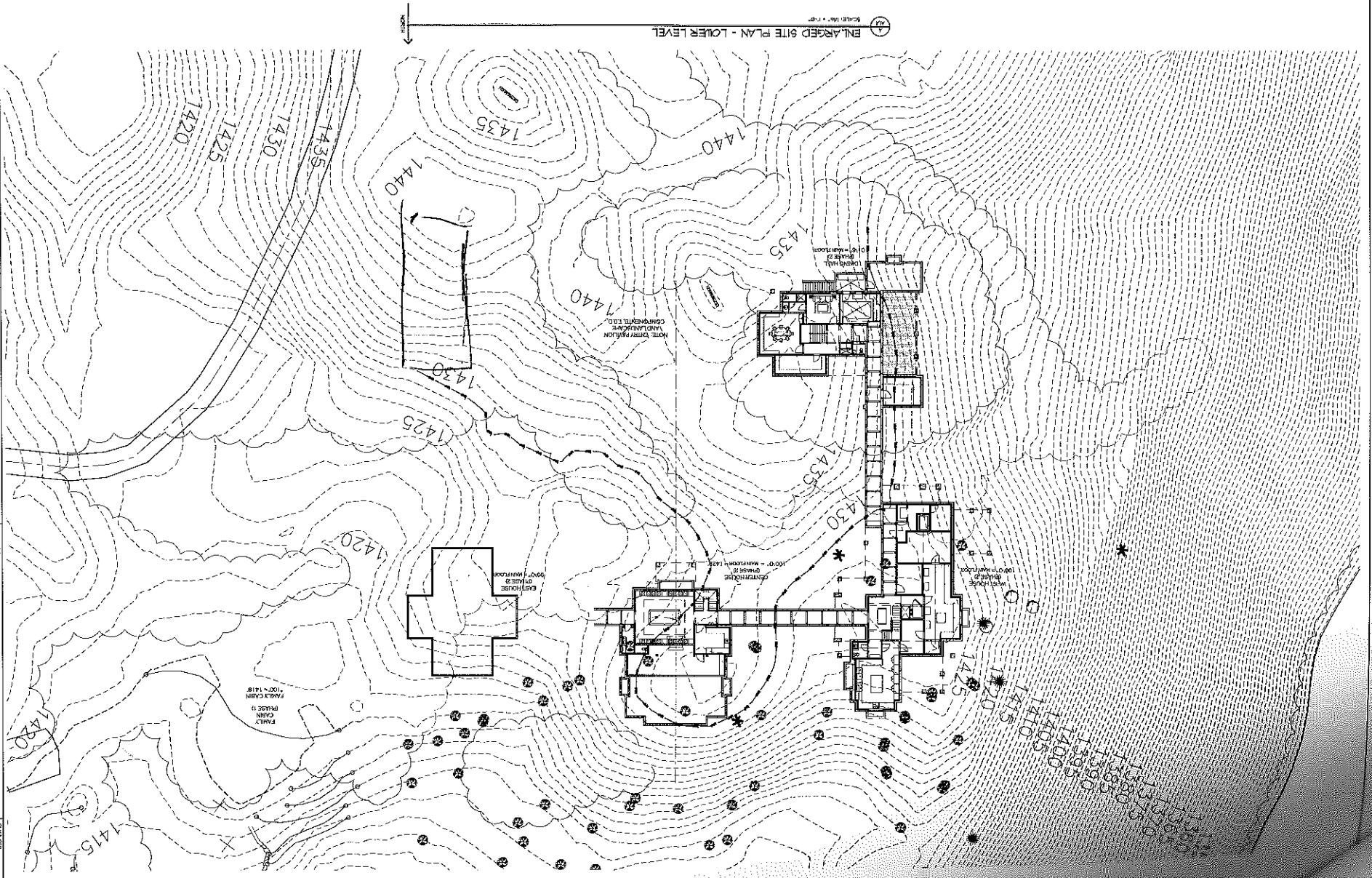
12. Five (5) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities are required to enforce the

The local town, village, city, state or federal agencies may also require permits.

The local town, village, city, state or federal agency		Sanitary Number: <u>12-835</u>		# of bedrooms: <u>14</u>		Sanitary Date: <u>8-15-12</u>	
Issuance Information (County Use Only)							
Permit Denied (Date):		Reason for Denial:					
Permit #: <u>12-0350</u>		Permit Date: <u>8-17-12</u>					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deduct of Record) <input type="checkbox"/> Yes (Fused/Continuous Lots) <input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No		Mitigation Required Mitigation Attached	
Granted by Variance (B.O.A.)		Case #:		Previously Granted by Variance (B.O.A.)		Case #:	
Was Parcel Legally Created Was Proposed Building Site Delimited		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:				Zoning District (R4)		Lakes Classification (1)	
Date of Inspection: <u>8-13-12</u> Inspected by: <u>Michael S. Frickel</u>				Date of Re-inspection:			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached)							

1998



In the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
North (N) on Plot Plan
(*) Driveway and (*) Frontage Road (Name Frontage Road)
(3) Show Location of (*): All Existing Structures on your Property
(4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(5) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(6) Show any (*): (*) Wetlands; or (*) Slopes over 20%

PLEASE SEE ATTACHED SITE MAP
A1.2, A1.3, A1.4
C1.0

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the lake (ordinary high-water mark)	200+ Feet
Setback from the Established Right-of-Way	~1,600' Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	>100' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	" Feet	Setback from Wetland	Feet
Setback from the West Lot Line	" Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	" Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	40' Feet	Setback to Well	100+ Feet
Setback to Drain Field	70' Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or marked by a licensed surveyor at the owner's expense.
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):	Reason for Denial:					
Permit #: <u>12-0303</u>	Permit Date: <u>8-17-12</u>					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Granted by Variance (B.O.A.)	Case #:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:						
<u>Well staked. Metts all setbacks</u>						
Date of inspection: <u>8-13-12</u>	Inspected by: <u>M. Furdak</u>					
Condition(s) Town, Committee or Board Conditions Attached?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If No they need to be attached.)					
<u>No wells under pressure in structure</u>						
Signature of Inspector: <u>Michael Gurtel</u>	Date of Approval: <u>8-17-12</u>					
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>		

ENLARGED SITE PLAN - MAIN LEVEL

